

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM ST-04)

SERIAL NO.
510500

FILING DATE
2-22-00

CLAIMS

NO.	AS FILED		AFTER 1. ACKNOWLEDGMENT		AFTER 2. ACKNOWLEDGMENT	
	NO.	O.F.	NO.	O.F.	NO.	O.F.
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